

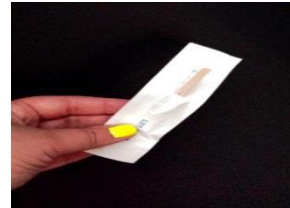
Swab Collection Instructions

Supplies enclosed in this package

1 15mL tube (with Nitrogen), 1 package of sterile swabs, 1 Parafilm strip, 1 biohazard bag with absorbent strips and sample identification label, 1 UN3373 box, 1 FedEx prepaid return label, 1 FedEx UN3373 Pak bag.

**NOTE: THE 15ML TUBE IS NITROGEN FILLED TO PRESERVE DNA.
KEEP TUBE UPRIGHT AND LIMIT THE AMOUNT OF TIME THAT THE TUBE IS OPEN.**

1. Have the tube ready for the sample to be placed.
With clean hands, open the sterile swabs.
2. Swab inside of left cheek while gently rotating the swab. Use the second swab and repeat with inside of the right cheek.
3. Quickly place both swabs into the 15mL nitrogen filled tube.
4. Cap tube tightly, seal with Parafilm, place into Biohazard bag. Sample Identification label is located on bottom right hand side of biohazard bag. Please complete Patient Name, Collection Date, and Test(s). Place biohazard Bag into UN3373 box and place in FedEx UN3373 Pak.
5. Attach provided return label to outside of FedEx UN3373 Pak, seal FedEx UN3373 Pak and contact FedEx to schedule a pick up or drop off at any FedEx facility.



NOTE: Please freeze samples until shipping.

Visit www.FedEx.com or call 1-800-463-3339 for additional shipping assistance.

Please contact DNA Connexions at 888-843-5832 or Info@DNAConnexions.com with any questions.



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Swab Specimen Transport Protocol

Name: _____ DOB: _____

Address: _____

Telephone: _____ Email: _____

Please complete all corresponding fields

Sample Description: _____ Swab Area: _____ Collection Date: _____

Notes: _____

*****OPTIONAL*****

Please complete the information and sign this section if you would like a copy of your results emailed to your doctor.

Doctor's Name: _____ Phone: _____

Doctor's Email: _____ Signature: _____

Payment Information

Full View \$400	Total: \$ _____	
ApoE \$300	Total: \$ _____	
Gluten Intolerance \$300	Total: \$ _____	
Kit Deposit Paid -\$25	Total: \$ _____	Inv. #: _____ (Required for discount)
Rush Fee \$150*	Total: \$ _____	

Order Total: \$ _____

All Major Credit Cards and Money Orders Accepted

Credit Card Number: _____

Expiration Date: _____ CCV Code: _____ Billing Zip Code: _____

Signature: _____ Contact Number: _____

Please note that samples will not be tested unless this form is filled out in its entirety and payment is collected.

***Reporting typically takes 2-3 weeks, dependent on how many samples we have in lab on the date yours is received. Rush fee ensures your sample is processed with the next batch and results are typically available within 5 working days from the date of receipt.**

DNA Connexions Disclaimer

Upon submission of sample(s) to DNA Connexions, I acknowledge that DNA Connexions is not a clinical diagnostic laboratory and cannot provide a diagnosis for disease and/ or subsequent treatment. These results are from DNA PCR testing, and indicate the presence of targeted foreign DNA. This information alone should not be used to diagnose or treat a health problem or disease. All reported results are intended for research purposes only and a consultation with a qualified health care provider is required for diagnosis and treatment.

Please contact DNA Connexions at 888-843-5832 or info@DNAConnexions.com with any questions.

Consent For Ongoing Research Participation

You are invited to participate in ongoing research studies conducted by DNA Connexions. The purpose of this research is to further examine the connection between specimens and microbial flora, develop new research tests, and to statistically analyze the results of our tests at the population level.

Your participation will involve consenting to allow DNA Connexions to utilize any remaining sample after your contracted testing is complete. You will not be contacted if your results are utilized for potential future research studies.

Voluntary participation

Your participation in this research study is voluntary. You may choose not to participate and/or you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study. No discount or compensation will be offered by Dental DNA for your participation.

Protection of confidentiality

All personal identifiers will be removed from your sample. The information gained from your sample may be used in public talks or written articles, but no information will be presented that identifies any individual. Once all personal identification is removed, the information might be used or released for other purposes without asking you.

Contact information

If you have any questions or concerns about your rights as a research participant this study or if any problems arise, please contact DNA Connexions at 719-219-2826.

Consent

By signing my name below, I confirm the following:

- I have read (or had read to me) this document and all of my questions have been answered to my satisfaction.
- I agree to let DNA Connexions utilize and share my anonymous health information for the purposes of ongoing research.
- I voluntarily agree to participate in possible future research studies.
- At any time, I can request DNA Connexions discard all of my remaining sample, if it is still identifiable as mine.

Subject's Name <i>please print</i>	Subject's Signature	Date

A copy of this consent form should be given to you. If not, please contact DNA Connexions at 888-843-5832 for a copy.